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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : 120110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO. MY CREDIT RESCORE LLC

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Fm:Interstate Filings LLC To:MY CREDIT RESCORE LLC (((H190003533423)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N		
The name of the	Elimited Liability Company is:	
MY	CREDIT RESCORE LLC	
	(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II -		
The mailing add	dress and street address of the principal office of the Limited Liability Company is:	

	
254 WORTHINGTON STREET #9	P. O. BOX 4555
SPRINGFIELD, MA 01103	SPRINGFIELD, MA.01101

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

INTERSTATE AG	ENT SERVICES, LL	.C
	Name	
100 SE 2ND STRE	ET SUITE 2000 #20	9
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33131
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agont's Segundary (REOUIRED)

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ARTICLE IV-

(((H190003533423)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MMGR	ANTHONY ANDERSEN
	254 WORTHINGTON STREET #9
	SPRINGFIELD, MA 01103
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(Use attachment if necessary)	
LEV: Effective date, if other than the date of filing	: (OPTIONAL)
	d cannot be more than five business days prior to or 90 days after
e of filing.)	
	applicable statutory filing requirements, this date will not be listed as
nument's effective date on the Department of State'	s records.
LE VI: Other provisions, if any.	
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